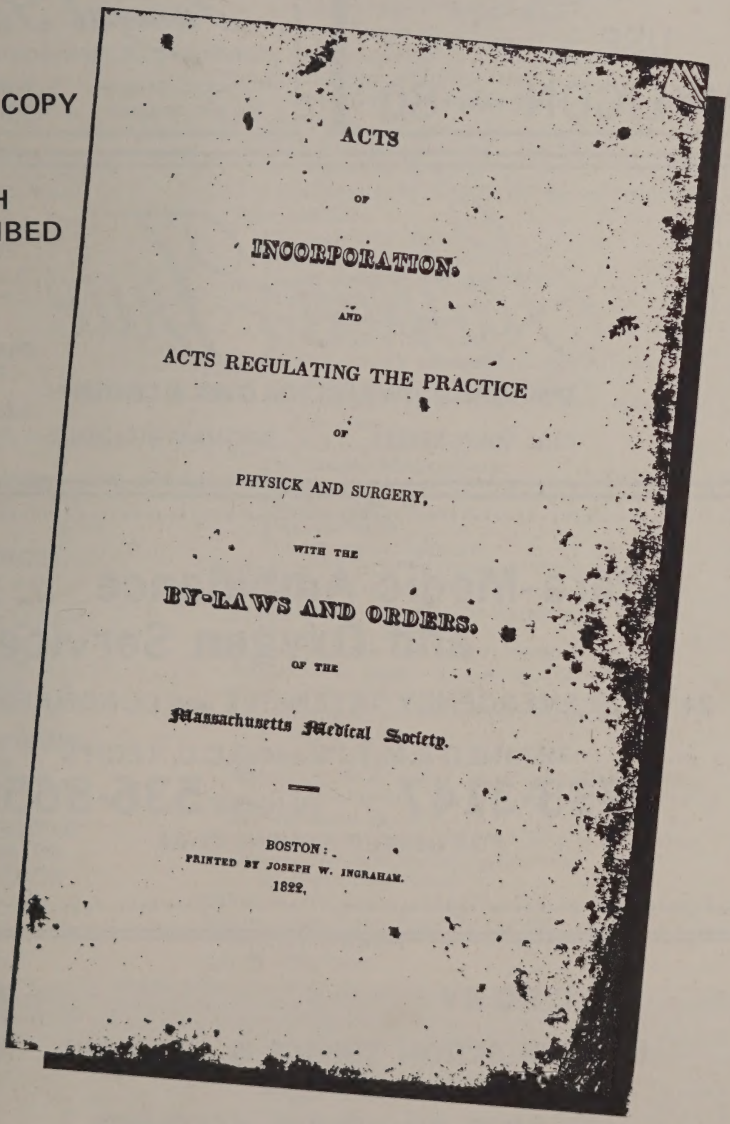
The Hampden Hippocrat

APRIL
1975

A PHOTO COPY
OF THE
BY LAWS
TO WHICH
WE ASCRIBED
IN 1840



ACTS

OF

INCORPORATION,

AND

ACTS REGULATING THE PRACTICE

OF

PHYSICK AND SURGERY,

WITH THE

BY-LAWS AND ORDERS,

OF THE

Massachusetts Medical Society.

BOSTON:
PRINTED BY JOSEPH W. INGRAHAM.
1822.

135th ANNIVERSARY ISSUE

ANNUAL MEETING ISSUE

KING'S PHARMACY
Ethel K. King, Manager
117 MAIN STREET
CHICOPEE FALLS — 592-1651

Gas pains . . . .
USE
MYLICON — 80

Dickinson-Streeter
Funeral Service
305 STATE ST., SPRINGFIELD, MASS.
Richard C. Streeter G. Wallace Streeter
Earle C. Bradley Alfred J. Gay

Landen-True
SPRINGFIELD JEWELERS FOR OVER A CENTURY
1365 MAIN STREET BRIGHAM BUILDING

Para-Medic Ambulance
and Oxygen Service
24 HOUR EMERGENCY, INTENSIVE and CORONARY CARE
TRAINED E.M.T.I'S and E.C.C. TECH'S
733-3147 Holyoke 536-8650
FOR BETTER PATIENT CARE

DOCTOR!
OUR COLLECTION SERVICE IS THE *RIGHT*
PRESCRIPTION
FOR YOUR DELINQUENT ACCOUNTS
we have served "The Business Side of Medicine" for over thirty years
CORLISS ADJUSTMENT BUREAU, Inc.
293 Bridge Street Springfield, Mass. 01103
call our Medical Division, 739-7346

THE HAMPDEN HIPPOCRAT · 1942 ·

VOL. XXXI, No. 4 APRIL 1975

Contents

Your President's Page — "Summing Up"
Dr. Bernard Bloom 5
Meeting Announcements 7
Editorial Comment on April's Issue 9
Hilites of the HDMS's Executive Committee Meeting 10
Featured Article:
HDMS's Birthday Greetings — It's 135th
Dr. Howard N. Simpson 13
Committee Reports 1974-1975, De. Bernard Bloom's
Administration 17
The Secretary's Report.....17
The Long Range Planning.....18
The Blue Shield District Service 18
The Scholarship 18
The Medical-Religious 18
The Member's Insurance.....19
The Malpractice and Medico-Legal Affairs 19
The Medical Charges and Peer Review.....20
The Insurance, Labor Relations and Industrial
Accidents.....20
The Public Relations.....20
The Disaster Medical Care.....20
The Mediation 21
The By Laws 21
The Legislative 21
The Hampton Hippocrat 22
The Page of the HDMS's Woman's Auxilary,
Mrs. Walton Stevens 23
In Memoriam: Mrs. Clinton Bagenstase
Mrs. William Cummings 23
Finale of Physicians and their Hobbies
The World of Music — Dr. Setrag Zacarian 25
Photo of the Watercolorists.....26
The Frontispiece 1804 Byelaws, Massachusetts
Medical Society.....26
My Hobby: Watercolor — Dr. Kenneth L. McEwen....27
Watercolor As A Hobby — Dr. Samuel F. Potsubay....28
Letters To The Editor: Notice of the Medical-Religious
Seminar April 28, 1975 29
Featured Article: Care, care and CARE (Part One) or
Orthopedics in a Developing Country
Dr. Garry deN. Hough III 31
Editorial: Ah, Come on Fella's — Dr. John J. Zadworny..33
Notice of the Valley Press Club Annual Scholarship Dance
Scholarship Dance.....33
List of Advertisers 34

The official bulletin
for The Hampden District
of The Massachusetts
Medical Society.
Founded in 1942 by
Edward P. Bagg, Jr., M.D. and
William A. R. Chapin, M.D.

PAST EDITORS
MAX MILLMAN, M.D.
JOHN C. AYRES, M.D.

CURRENT BOARD OF EDITORS

EDITOR-IN-CHIEF
WALTON E. STEVENS, M.D.

ASSISTANT EDITOR
PHILIP B. STODDARD, M.D.

ASSOCIATE EDITORS
JAMES D. ALLAN, M.D.
BERNARD BLOOM, M.D.
GARDNER COX II, M.D.
ALONZO D. SHEFFIELD, M.D.
HOWARD N. SIMPSON, M.D.
SETRAG A. ZACARIAN, M.D.
JOHN J. ZADWORNY, M.D.

SECRETARY & BUSINESS MANAGER
JOSEPH B. GREENSPAN, M.D.

ADVERTISING DIRECTOR AND COORDINATOR
MRS. ARTHUR H. WILLARD

THE HAMPDEN HIPPOCRAT is published monthly except for July and August.

The opinions expressed in this bulletin are those of the writers and do not reflect the official viewpoint of the Hampden District Medical Society unless so stated.

Communications pertaining to editorial content should be addressed to the Editor in Chief, 24 Salem Road, Longmeadow, Mass. 01106.

Business communications should be addressed to the Business Manager, 91 School Street, Springfield, Mass. 01105.

Communications pertaining to advertising should be addressed to Mrs. Arthur Willard, 62 Irvington Street, Springfield, Mass. 01108; telephone: 733-5336.

To be assured of uninterrupted delivery of THE HAMPDEN HIPPOCRAT, notify us in advance of an address change and include your ZIP CODE number.

HAMPDEN DISTRICT MEDICAL SOCIETY

1414 STATE STREET
SPRINGFIELD, MASS. 01109
Telephone: 736-0661

VIVIAN M. PURDY
EXECUTIVE SECRETARY

FRAN WEISS
OFFICE SECRETARY

OFFICERS

BERNARD BLOOM, M. D. ..... *President*
GARDNER COX, II, M. D. ..... *Vice President and President Elect*
CARL W. JANOVSKY, M. D. ..... *Secretary*
WACLAW HOJNOSKI, JR., M. D. ..... *Assistant Secretary*
PAUL T. MOORE, M. D. ..... *Treasurer*

EXECUTIVE COMMITTEE

BERNARD BLOOM, M. D.	*Ex-officio*	SETRAG A. ZACARIAN, M. D.
GARDNER COX, II, M. D.	*Ex-officio*	PAUL T. MOORE, M. D.
CARL W. JANOVSKY, M. D.	*Ex-officio*	AUGUSTO G. ASINAS, M. D.
WILLIAM J. CUMMINGS, M. D.	*1975*	SHELDON S. GOLDBERG, M. D.
ROBERT A. KELLEY, M. D.	*1976*	EDWARD I. KRAUS, M. D.
LORNE C. SMITH, M. D.	*1977*	STANLEY N. TEALE, M. D.

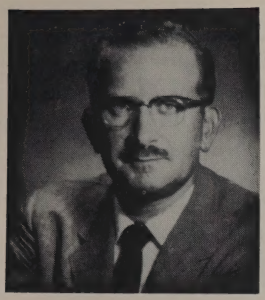
CHAIRMEN OF COMMITTEES

HOWARD N. SIMPSON, M. D. ..... *Auditing*
THOMAS G. MAGILL, M. D. ..... *Blue Shield District Professional Service*
HARRY N. MEMERY, M. D. ..... *By-Laws*
MALCOLM S. ALLAN, M. D. ..... *Censors*
ALFONSO A. PALERMO, M. D. ..... *Commissioner of Trials*
FREDERICK C. SCHWENDENMANN, M. D. ..... *Disaster Medical Care*
ELMER F. FRANSEEN, M. D. ..... *Mediation*
W. MAX CLOUD, M. D. ..... *Insurance, Labor Relations & Industrial Accidents*
MAURICE J. BOIVIN, M. D. ..... *Legislative*
CYRIL E. SHEA, JR., M. D. ..... *Malpractice & Medico-Legal Affairs*
LEWIS W. WHITING, M. D. ..... *Medico-Religious*
H. BERNARD TILLMAN, M. D. ..... *Members' Insurance*
ROBERT D. HARRINGTON, M. D. ..... *Mental Health*
ROBERT A. SEARS, M. D. ..... *Nominating*
BRUCE B. STOLER, M. D. ..... *Medical Charges & Peer Review*
JAMES G. FITZPATRICK, M. D. ..... *Public Health*
AUGUSTO G. ASINAS, M. D. ..... *Public Relations*
BERNARD BLOOM, M. D.
AND GARDNER COX, II, M. D. ..... *Representatives to Community Council Scholarship*
WILLIAM B. COEN, M. D. ..... *Scholarship*
LORNE C. SMITH, M. D. ..... *Tax Supported Medical Care*
JOHN F. GRIFFIN, M. D. ..... *Woman's Auxiliary*

COUNCILORS TO THE MMS

MALCOLM S. ALLAN, M.D.
AUGUSTO G. ASINAS, M.D.
JOHN J. BANDEIAN, M.D.
MAURICE J. BOIVIN, M.D.
GARDNER COX, II, M.D.
LOUIS F. DEROSE, M.D.
ENZO V. DiGIACOMO, M.D.
JOHN F. GRIFFIN, M.D.
GARRY DeN. HOUGH, III, M.D.
JOSEPH R. KELLY, M.D.
ROBERT N. LaMARCHE, M.D.
RICHARD J. MILLER, M.D.
WALTER S. MOZDEN, M.D.
LEO S. NEWMAN, M.D.
JAMES G. RICH, M.D.
TERRY D. RYAN, M.D.
FREDERICK C. SCHWENDENMANN, M.D.
BRUCE B. STOLER, M.D.
EMANUEL WIEDMAN, M.D.
SETRAG A. ZACARIAN, M.D.

JAMES D. ALLAN, M.D., *Executive Councilor*
JOHN C. AYRES, M.D., *President of MMS, Ex-Officio*
ALLEN S. JOHNSON, M.D., *Past President, MMS, Ex-Officio*
PAUL T. MOORE, M.D., *Chairman, Finance Committee, MMS, Ex-Officio*
CARL W. JANOVSKY, M.D., *Secretary, Ex-Officio*
LORNE C. SMITH, M.D., *Chairman, Insurance Committee, MMS, Ex-Officio*



Your President's Page

Summing Up

As I review the events of the past year, as President of the HDMS, many activities come into sharp focus. In this, my final report, I would like to share with you the meaning of the responsibilities and duties of this high office.

For starters, there is the obligation of reviewing and appointing chairmen and members of the various standing committees, hoping to find people who will conscientiously tackle the job and work at it throughout their tenure. As events unfold there arises the need for "ad hoc" committees, such as the Long Range Planning Committee which has given much thought and effort to the assigned task. The results of their endeavors will be reviewed by the Executive Committee and recommendations made to the entire membership for their consideration.

Then comes the everyday work of running the Society. Vivian Purdy is on the phone at District Headquarters all day long, fielding complaints and questions from patients, from doctors, and from organizations in the community. Consequently there is frequent need for consultation in managing the never-ceasing urgent problems. You have guessed it! The Executive Secretary will always succeed in hunting you down. Whether you are at the hospital, tending to patients, in the operating room, at a medical conference, or in the office, she'll find you and get a satisfactory response. The press often reaches out to the Society for answers to various medical matters, and time is of the essence. There is no time to consult the entire Executive Committee or delay in responding. One must be careful and vigilant in replying with mature and considered judgment. Once printed or spoken in the various media there is little opportunity for correction or retraction. Certainly this is ticklish business and requires delicacy and tact in performance.

I have been asked, "What were the most trying problems you were faced with during your term in office?" Two particular situations stand out. First, there was and still is the matter of the Peer Review and Medical Charges Review Committee. In an attempt to deal fairly with both physicians and patients and with insurance carriers, your Medical Charges Review Committee, under the competent guidance of its Chairman, Dr. Bruce Stoler, has spent many long and tedious hours in studied deliberation. Their efforts have not been in vain. We have retained a good image in our contacts with the above groups, and from the public relations' viewpoint it has helped greatly.

Second, we have been plagued with media-etiquette problems on the part of some of our members both in group practice as well as solo. The Executive Committee has met these problems head on, confronted the individuals and groups involved and requested that they conform to our Press Code and the standards of the Massachusetts Medical Society. Advertising and self-

(CONT. NEXT PAGE)

aggrandizement, by physicians and groups of physicians via the media, while undergoing some evolutionary changes, must still be carefully checked, lest the physician descends into the marketplace and loses his highly cherished professional status. We anticipate possible problems from the H.M.O. groups as they become established in the community. In order to sell their product, so-called, "Comprehensive Health Care," they will need to enroll large segments of the community. Judging from experience in other areas where H.M.O.'s have been established, this will require open advertising and will create new discord among physicians. I sincerely hope that restraint and good judgment will be used by all.

Finally our most pressing problem, Professional Liability Insurance coverage, has erupted from long dormant position in everyday medical practice. Over the past ten years, the situation has been worsening with a doubling in the number of malpractice awards, and the huge amounts of money allowed by our present jury system. The problem must now be dealt with by more definitive and long range measures through the state legislatures and the courts. This will require ongoing treatment by stringent measures for a malady previously undiagnosed until it reached crisis proportions. I am certain that judicious remedial measures will succeed, and that the whole field of medical practice will benefit in the long run.

With these confident attitudes in the future of American medicine in general, and in our Society in particular, I would like you to know that I have enjoyed the honor of serving you and the Hampden District Medical Society.

Bernard Bloom, M.D.

Here's the easy, best way for your patients to have 24-hour oxygen in their homes.

The unique GOLD CROSS OXYGEN PLAN is safe and simple, professionally supervised. It costs no more to rent modern, fine professional equipment.

We provide all the equipment your patient needs, plus delivery, installation, 24-hour service, full instructions—and we will bill Medicare.

Also: A complete line of positive pressure breathing and aerosol therapy equipment. Can be used with oxygen set-ups.

CALL 734-5695

GCM
GOLD CROSS MEDICAL
SERVICES, INC.

78 ISLAND POND ROAD • SPRINGFIELD, MASS. 01108

ANNUAL MEETING
of the
HAMPDEN DISTRICT MEDICAL SOCIETY

TUESDAY, APRIL 29, 1975

Business Meeting at 6:00 P.M.
Social Hour at 7:00 P.M.
Dinner at 7:30 P.M.

CHEZ JOSEF, AGAWAM, MASSACHUSETTS

Presentation of Certificates to Fifty Year Members
Presentation of Certificates to New Members
Annual Reports
Report of the Nominating Committee — Dr. Robert A. Sears
Speaker: Sidney H. Wanzer, M.D., Delegate to the AMA

MASSACHUSETTS MEDICAL SOCIETY
194th
ANNUAL MEETING

MONDAY and TUESDAY
GENERAL AND SECTIONS
May 27 & 28, 1975
Statler Hilton Hotel — Boston

THE SPRINGFIELD ACADEMY OF MEDICINE
ANNUAL MEETING

TUESDAY — MAY 13, 1975
Speaker: HARRY C.F. GIFFORD, Administrator
"The Future — What's In Store For Physicians and Hospitals"

Before prescribing, see complete prescribing information in SK&F literature or *PDR*. The following is a brief summary.

Indications: Edema associated with congestive heart failure, cirrhosis of the liver, the nephrotic syndrome; steroid-induced and idiopathic edema; edema resistant to other diuretic therapy. Also, mild to moderate hypertension.

Contraindications: Pre-existing elevated serum potassium. Hypersensitivity to either component. Continued use in progressive renal or hepatic dysfunction or developing hyperkalemia.

Warnings: Do not use dietary potassium supplements or potassium salts unless hypokalemia develops or dietary potassium intake is markedly impaired. Enteric-coated potassium salts may cause small bowel stenosis with or without ulceration. Hyperkalemia (>5.4 mEq/L) has been reported in 4% of patients under 60 years, in 12% of patients over 60 years, and in less than 8% of patients overall. Rarely, cases have been associated with cardiac irregularities. Accordingly, **check serum potassium during therapy, particularly in patients with suspected or confirmed renal insufficiency (e.g., elderly or diabetics). If hyperkalemia develops, substitute a thiazide alone. If spironolactone is used concomitantly with 'Dyazide', check serum potassium frequently**—both can cause potassium retention and sometimes hyperkalemia. Two deaths have been reported in patients on such combined therapy (in one, recommended dosage was exceeded; in the other, serum electrolytes were not properly monitored). Observe patients on 'Dyazide' regularly for possible blood dyscrasias, liver damage or other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving Dyrenium (triamterene, SK&F). Rarely, leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with the thiazides. Watch for signs of impending coma in acutely ill cirrhotics. Thiazides are reported to cross the placental barrier and appear in breast milk. This may result in fetal or neonatal hyperbilirubinemia, thrombocytopenia, altered carbohydrate metabolism and possibly other adverse reactions that have occurred in the adult. When used during pregnancy or in women who might bear children, weigh potential benefits against possible hazards to fetus.

Precautions: Do periodic serum electrolyte and BUN determinations. Do periodic hematologic studies in cirrhotics with splenomegaly. Antihypertensive effects may be enhanced in postsympathectomy patients. The following may occur: hyperuricemia and gout, reversible nitrogen retention, decreasing alkali reserve with possible metabolic acidosis, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), digitalis intoxication (in hypokalemia). Use cautiously in surgical patients. Concomitant use with antihypertensive agents may result in an additive hypotensive effect.

Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis; rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting (may indicate electrolyte imbalance), diarrhea, constipation, other gastrointestinal disturbances. Rarely, necrotizing vasculitis, paresthesias, icterus, pancreatitis, and xanthopsia have occurred with thiazides alone.

Supplied: Bottles of 100 capsules; in Single Unit Packages of 100 (intended for institutional use only).

KEEP THE HYPERTENSIVE PATIENT ON THERAPY KEEP THERAPY SIMPLE WITH DYAZIDE®

Trademark

Each capsule contains 50 mg. of Dyrenium® (brand of triamterene) and 25 mg. of hydrochlorothiazide.

Neither inconvenient potassium supplements nor special K+ rich diets needed as a rule.

Just 'Dyazide' once or twice daily for maintenance.

Two prime reasons patients drop out of hypertensive therapy are (1) the patient failed to understand directions, and (2) the regimen was overly complicated. Dosage is simple with 'Dyazide', easily understood, once or twice daily, depending on response. There's no need to complicate the regimen with potassium supplements or unwieldy potassium-rich diets.

TO KEEP BLOOD PRESSURE DOWN AND KEEP POTASSIUM LEVELS UP

SK&F Co., Carolina, P.R. 00630
Subsidiary of SmithKline Corporation

Editorial Comment on April's Issue

In this month's issue you will find a *pot pourri*. There is no central theme but it is dedicated to the 135th anniversary of the founding of the Hampden District Medical Society; we were the fourth in the Commonwealth. Dr. Simpson's article will give you the history thereof in a nice concise fashion.

From the past to the present, you will find the reports of the committees as they functioned under our able Dr. Bernard Bloom's administration. Please read these so that they need not be formally read to the assembled at the Annual meeting. Dr. Bloom's last official presidential message is herein and he points out the several vital problems which have emerged during his tenure and with which the succeeding administration and the membership will have to wrestle. As always, your help is anticipated and needed both in attendence at meetings and in committee work and just by passing along your thoughts to your officers.

The Annual meeting will be held on April 29. The nominating committee will bring in its slate of suggested officers and you will have the privilege of electing the men to guide you and the Society for the next year. There will be other important issues, as business before you, which will also demand your attention.

In addition to the Society's business, you will find the final articles about physician-hobbists who work in the Arts—Drs. Joffe, McEwen, Potsubay and Zacarian. To add a bit of spice (Indonesian) to the pot, Dr. Hough relates some of his experiences in a two part article. Probably the best kind of a refresher course possible to and for a physician.

The Editor-in-Chief wishes to thank the Editorial Board and all other fellow Hippocratians for their support and efforts to make our Bulletin a viable, readable District Society informational magazine.

The Editor in Chief

NOTE: THE ANNUAL MEETING WILL BE HERE.

HiLites of the

Executive Committee Meeting Hampden District Medical Society

The Executive Committee convened at 7:00 P.M. on Thursday, March 13, 1975 in the Conference Room of the Hampden District Medical Society.

The meeting had been changed to a Thursday on the request of Dr. Bloom, President.

Present were Drs. Bloom, Kraus, Teale, Janovsky, Hojnoski, Stevens, Cummings, Asinas, Cox, McKenna and Mrs. Purdy.

The minutes of the February Executive Meeting were read and approved as read.

CORRESPONDENCE

1. Two letters, one from Dr. Sachs and one from Dr. Gianelly, were read and dealt with scheduling a HDMS meeting with a speaker on Emergency Medical Service. All programs for this year are filled. Perhaps a speaker for a meeting next year can be arranged.
2. A thank you letter from the Chamber of Commerce for physicians attending the Legislative Committee to meet with Representative Holland and Senator Bernashe was read as informational.
3. A letter from the Citizens Committee on Human Rights was read as informational.
4. A copy of a letter sent to legislators Demers and Chmura from Dr. Hosman was read as informational.
5. A letter from the Pro-Life Resource Center was read as informational. A suggestion was made that this letter be forwarded to the Editor of the Hampden Hippocrat for inclusion in the next issue.

OLD BUSINESS

1. Because of the quantity of business on the agenda, it was decided to study the Long Range Planning report at the April meeting with the other Annual reports.

(CONT. NEXT PAGE)

For Information or Reservations for your Business or Pleasure Trip Contact:

WEIDNER TRAVEL BUREAU, INC.

SEE US AT OUR NEW LOCATION:

69 MARKET STREET – GROUND FLOOR

Telephone 781-0550 **SPRINGFIELD, MASS.**

2 A copy of a letter from Dr. Allan to Dr. Gephart was read as informational.

3. A letter from Dr. Magill, Secretary of the Springfield Academy of Medicine was read. Drs. Peck and Macchioroli were appointed to serve on the Ad Hoc Committee to review the financial status of the Academy. Dr. Bloom appointed Dr. Teale and Dr. Cummings to serve for the HDMS. Dr. Kruger was approved by the committee for the Malpractice Medico-Legal Affairs Committee.

NEW BUSINESS

1. Sheriff Ashe has asked for a committee to do a comprehensive study of health needs at the Hampden County Jail and House of Correction. Dr. Bloom appointed Dr. Whiting, Dr. Griffin and Dr. Sheffield to serve on this committee.

2. Medical West has been requested by the Chicopee Board of Health to assist them in offering facilities for a Glaucoma Clinic for the residents of Chicopee. The committee approved.

3. The local Springfield unit of the Cancer Society is holding a self breast examination and pap smear clinic at STCC the end of April. Physician volunteers are being solicited to help.

The meeting was adjourned at 10:30 P.M.

Respectfully submitted,

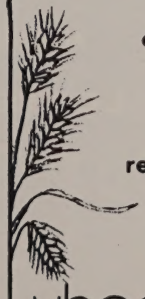
Carl W. Janovsky, M.D.
Secretary, HDMS.

Home Cleaning
Got You Down?

Let us do your hard jobs: floor care, wash walls, shampoo rugs, windows, and general cleaning. Big or small jobs, whatever your need. Home-Industrial-Commercial Cleaning and Janitor Service. Other home services include Companion Care for elderly, all types of sitter needs – evening, week or longer.

HOME & SITTER SERVICES
77 MAPLE ST. SPRINGFIELD 736-8159

DUNLOP FLORIST, Inc.
Say It With Flowers
PROMPT DELIVERY SERVICE
Faithful Service To The Entire Springfield Area Since 1919
62 Grape St., Chicopee • 594-6677

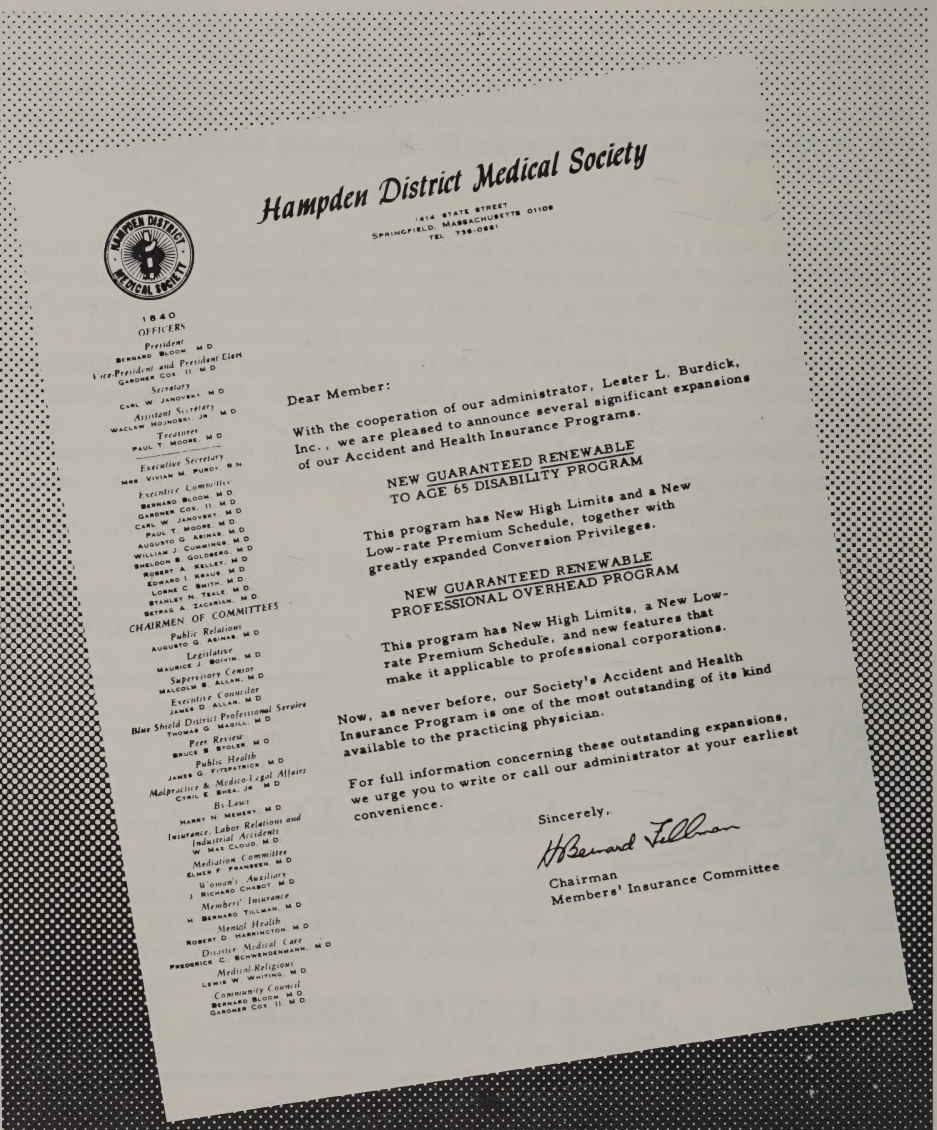


new.
uncrowded.
continental specialties
prepared
while you observe

reservations 543-7939

golden!

wheatsheaf
2000 boston rd. wilbraham mass.



Hampden District Medical Society

1414 STATE STREET
SPRINGFIELD, MASSACHUSETTS 01109
TEL 736-0861

1940
OFFICERS
President
BERNARD BLOOM, M.D.
Vice-President and President-Elect
GARDNER COX, II, M.D.
Secretary
CARL W. JANOVSKY, M.D.
Assistant Secretary
WACLAW NOJNOSKI, JR., M.D.
Treasurer
PAUL T. MOORE, M.D.
Executive Secretary
MRS. VIVIAN M. PURDY, R.N.
Executive Committee
BERNARD BLOOM, M.D.
GARDNER COX, II, M.D.
CARL W. JANOVSKY, M.D.
PAUL T. MOORE, M.D.
AUGUSTO G. ARINAS, M.D.
WILLIAM J. CUMMINGS, M.D.
SHELDON S. GOLDBERG, M.D.
ROBERT A. KELLEY, M.D.
EDWARD I. KRAUS, M.D.
LORNE C. SMITH, M.D.
STANLEY N. TEALE, M.D.
BETRAG A. ZACARIAN, M.D.
CHAIRMEN OF COMMITTEES
Public Relations
AUGUSTO G. ARINAS, M.D.
Legislative
MAURICE J. BOIVIN, M.D.
Supervisory Council
MALCOLM S. ALLAN, M.D.
Executive Councilor
JAMES D. ALLAN, M.D.
Blue Shield District Professional Services
THOMAS G. MAGILL, M.D.
Peer Review
BRUCE S. BYDLER, M.D.
Public Health
JAMES G. FITZPATRICK, M.D.
Malpractice & Medico-Legal Affairs
CYRIL E. BOES, JR., M.D.
By-Laws
HARRY N. MEMERY, M.D.
Insurance, Labor Relations and Industrial Accidents
W. MAX CLOUD, M.D.
Mediation Committee
ELMER F. FRANSEEN, M.D.
Women's Auxiliary
J. RICHARD CHABOT, M.D.
Members' Insurance
H. BERNARD TILLMAN, M.D.
Mental Health
ROBERT D. HARRINGTON, M.D.
Disaster Medical Care
FREDERICK C. SCHWENDENMANN, M.D.
Medical-Religious
LEWIS W. WHITING, M.D.
Community Council
BERNARD BLOOM, M.D.
GARDNER COX, II, M.D.

Dear Member:

With the cooperation of our administrator, Lester L. Burdick, Inc., we are pleased to announce several significant expansions of our Accident and Health Insurance Programs.

NEW GUARANTEED RENEWABLE
TO AGE 65 DISABILITY PROGRAM

This program has New High Limits and a New Low-rate Premium Schedule, together with greatly expanded Conversion Privileges.

NEW GUARANTEED RENEWABLE
PROFESSIONAL OVERHEAD PROGRAM

This program has New High Limits, a New Low-rate Premium Schedule, and new features that make it applicable to professional corporations.

Now, as never before, our Society's Accident and Health Insurance Program is one of the most outstanding of its kind available to the practicing physician.

For full information concerning these outstanding expansions, we urge you to write or call our administrator at your earliest convenience.

Sincerely,

H Bernard Tillman

Chairman
Members' Insurance Committee

ADMINISTERED BY

LB
personal service
since 1922

LESTER L. BURDICK, INC.
Loyalty Group Insurance

20 CONGRESS STREET, BOSTON, MASSACHUSETTS 02109

(617) 742-2740

H.D.M.S.'s Birthday Greetings—Its 135th

One hundred and thirty five candles on a birthday cake doesn't leave much room for frosting. Actually the first cake would not have had a lot of space for sweetening either. In 1840 the Hampden District Medical Society was spawned in controversy, and, for much of its existence, has been in that situation ever since.

The colony, and later the Commonwealth of Massachusetts invariably proceeded in what an airline pilot would describe as a nose-heavy position. The vast majority of the population of the state has always lived within a few miles of Bulfinch's gilded dome, and has habitually ignored whatever trivial incidents may have occurred west of Watertown. The Massachusetts Medical Society was no exception to this general rule, and doubtless would deny even now that it was the vigor and vitality of the bucolic western counties that rescued it from a desuetude that threatened its adolescent survival.

The Massachusetts Medical Society was incorporated in 1781, and among its 31 original incorporators were Ebenezer Hunt of Northampton, Giles Kellogg of Hadley, William Whiting of Great Barrington and Charles Pynchon of Springfield. Despite this freshening breeze from the west, it was a stodgy outfit. Fellowship in the Society was limited to 70 physicians, the Council nominated and approved new Fellows, and the Society elected them. The Society elected the officers and censors as well, until 1803, and continued to elect the Councilors up until 1850. After that date all three were elected by the District Societies, who finally were making their voices heard.

In 1785 the Massachusetts Medical Society had appointed a committee in each county of the Commonwealth "for the purpose of encouraging the communication of all important or extraordinary cases that might occur in the practice of the medical art, and for the purpose to meet, correspond and communicate with any individuals, of any associations of physicians in their respective counties, and make reports of their doings." This was a splendid idea, except that nothing happened. There may have been several reasons why nothing happened, but one potent consideration was that even in the eastern part of the state there was much jealousy toward Suffolk and a feeling that that county, because of its population predominance, would completely control the state organization.

In 1803 the Act of Incorporation of the Society was modified so that the number of physicians applying for admission would not be limited and "the number of Counsellors shall be elected according to what the society deem proper." It was then decided to divide the state into four districts, the middle, to consist of Suffolk, Norfolk, Essex and Middlesex; the southern, of Plymouth, Bristol, Barnstable, Dukes and Nantucket; the eastern, of the district of Maine (Maine did not secede from Massachusetts until 1819), and the

(CONT. NEXT PAGE)

55th ANNIVERSARY YEAR

TOROS OMARTIAN & SON, INC.

We Buy and Sell **ORIENTAL RUGS**

390 Bridge Street Tel. 736-1531 Opp. the Kimball Towers

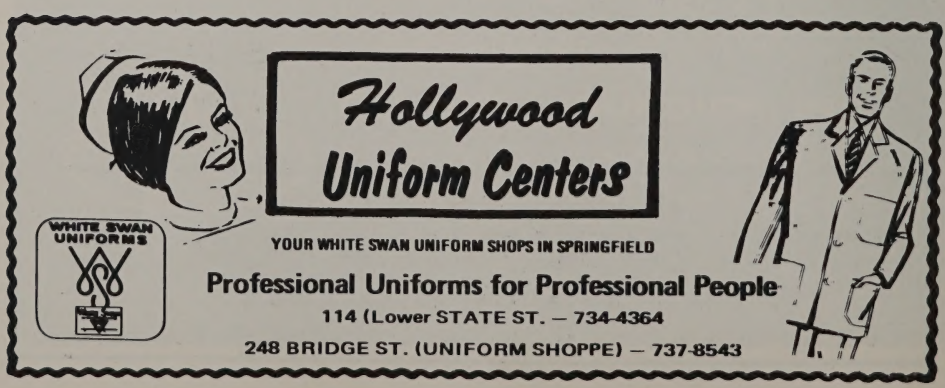
western, made up of Worcester, Hampshire and Berkshire. Hampshire county originally was composed of the tier of land between Worcester and Berkshire counties and between the Connecticut and Vermont borders. Franklin was set off in 1811 and Hampden in 1812.

The new beginning of the revised version of the Society was less than auspicious. At the first gathering, out of forty Councilors that had been elected, a mere fourteen made an appearance on February 2, 1804, and when the lackadaisical assemblage met again in June the president resigned, whether in disgust the record does not say. However there was some action taken at this meeting. Applications for District Societies were received from the counties of Essex and Worcester and were granted.

Nothing seminal took place in Boston for the next several years, but to the west the land was bright; that is, it was bright for those in the west. In 1818 several physicians from Berkshire county applied for a charter for a District Society. There were delays lasting two years before the charter was granted and accepted in 1820. To the proper Bostonians of the 1820s those radicals in the Berkshire hills were a parcel of *auslanders* two days journey away from civilization, and were scarcely to be tolerated. Shortly those same radicals, under the leadership of a very capable physician Henry Halsey Childs, made the incredibly preposterous move of establishing a medical school! And this in the same state with Harvard! The row that went on for years is another story. Meanwhile, the complaints of the Berkshire District Medical Society who petitioned to be separated from the parent organization because "Our great distance from the meeting of the parent Society, by which we lose most of the advantages of a medical association, library, meeting, funds, etc., as also a participation in their public entertainments, etc." was echoed by other physicians, oriented toward the west.

In 1831 an application was received from Hampshire county for the formation of a District Society. The Council record reads: "An application was received from several Fellows in Hampshire county for the formation of a District Society. *Voted,* That the prayer of the petition be granted and that the charter of the Society be transmitted to Dr. Joseph H. Flint of Northampton." Doubtless a contributing factor in the prompt action to grant this petition was the considerable prestige of the prime petitioner. Dr. Joseph Hinshaw Flint was the son of an outstanding physician in Leicester, Massachusetts, Dr. Austin Flint. Dr. Joseph Flint was a Councilor from the original western district, and also had been orator at the annual meeting of the Massachusetts Medical Society in 1826. His discourse was entitled: "On the Prophylactic Management of Infants and Early Childhood. So Hampshire became the fourth District Society to be established.

(CONT. NEXT PAGE)


Hollywood
Uniform Centers
WHITE SWAN UNIFORMS
YOUR WHITE SWAN UNIFORM SHOPS IN SPRINGFIELD
Professional Uniforms for Professional People
114 (Lower STATE ST. – 734-4364
248 BRIDGE ST. (UNIFORM SHOPPE) – 737-8543

In 1834 Dr. Joseph Flint, who was the father and grandfather of two eminent physicians named Austin Flint, moved to Springfield, where he again became active in the medico-political life of the community. In 1839 Bristol South was made a District Society, and on May 28, 1840 there were two more accepted, Barnstable and Hampden.

According to the 1840 catalogue there were fourteen members of the state society residing in Hampden at that time. Eight of them signed the petition:

To the Counsellors of the Massachusetts Medical Society: The subscribers, a majority of the Fellows of said society, resident in the County of Hampden, hereby request that a district medical society, comprising all the fellows of the Massachusetts Medical Society residing within the limit of said county may be established; to be called the Hampden District Medical Society; the meetings of which shall be held in the town of Springfield.

(Signed)

Joseph H. Flint	*Springfield*
William Bridgman	*Springfield*
George Hooker	*Springfield*
Bela B. Jones	*Springfield*
Reuben Champion	*West Springfield*
John Appleton	*Westfield*
L. W. Humphreys	*Southwick*
Aaron King	*Palmer*

So of the first seven district societies to be organized, four of them, Worcester, Berkshire, Hampshire and Hampden were from the western part of the state. The gauntlet was down. Boston might be the Hub of the Universe, but medically speaking at least, the hub would need help from the rim.

Howard N. Simpson, M.D.

BECOTIN®
Vitamin B Complex

BECOTIN® with VITAMIN C
Vitamin B Complex with Vitamin C

BECOTIN®-T
Vitamin B Complex with Vitamin C, Therapeutic

MI-CEBRIN®
Vitamins-Minerals

MI-CEBRIN T®
Vitamin-Minerals Therapeutic

AND A WIDE VARIETY OF OTHER PHARMACEUTICALS

DISTA

DISTA PRODUCTS COMPANY
Division of Eli Lilly and Company
Indianapolis, Indiana 46206

400945

Take your C.M.E. by the sea ....

49 Continuing Medical Education courses at AMA's Annual Convention, June 14-18, 1975 Atlantic City, New Jersey

Those 49 Category I Continuing Medical Education courses are the largest number ever offered at an AMA convention. On top of that, there'll be Category I symposia and medical motion pictures on a wide variety of specialties.

Also featured are a number of special interest programs: a two-day session on the Medical Aspects of Sports, a series of special courses on clinical pathology, and a joint program by the American Veterinary Medical Association and the AMA on diseases transmitted to man by household pets. Physicians' wives and families will be offered interesting programs co-sponsored by the AMA's Council on Scientific Assembly and the Woman's Auxiliary of the AMA.

For more information, write:
Dept. of Circulation & Records, AMA
535 N. Dearborn St., Chicago, IL 60610

Atlantic City

Committee Reports 1974 – 1975 Dr. Bernard Bloom's Administration

The Secretary's Report

Several issues of importance have faced the HDMS during the past year. The executive committee and the several committees of the society, with advice and help from MMS committees when the occasion seemed to warrant, discussed and acted on issues dealing with malpractice insurance coverage, acupuncture, Blue Shield relationships and PSRO considerations as well as numerous other matters. The subject of abortion is to have discussion at a special meeting to be held this spring.

The HDMS councilors have been busy with meetings of the MMS Council which considered proposals presented by the MMS executive committee (under the apt direction of Dr. John Ayres) dealing with the major issues mentioned above plus other MMS items. The attendance by our councilors at these meetings has been extremely good.

A long range planning committee has been appointed and their suggestions will be studied and discussed by the executive committee before being brought to the membership. Several proposals have been made relating to such issues as changing the number of committees with deletion of some and creation of others, society foundation interrelationships, medical standards of practice, postgraduate medical education and other issues.

The secretary wishes to thank all those who have helped carry on the Society's business this past year, with a special nod of appreciation to Vivian Purdy and the staff of the HDMS office.

Carl W. Janovsky, M.D.
Secretary, HDMS.

MESSAGE CENTER

24 HOUR
TELEPHONE ANSWERING SERVICE

MAILING ADDRESS
BAY STATE WEST Suite 1820
1500 MAIN ST.
SPRINGFIELD, MASS.

Call 781-2500

The Long Range Planning Committee Report

Upon the suggestion of Dr. Bernard Bloom, President of the Hampden District Medical Society, a "Long Range Planning Committee" was set and organized during the month of October 1974. The directives for the committee were the ones to study a workable plan so as to modernize and render a more efficient and authoritative society.

The Committee worked through formal and informal meetings as well as direct contacts with chairmen of similar Planning Committees of other Western Districts in Boston. By the end of January 1975, the conclusions of these initial studies were submitted to the President of the Hampden District Medical Society in the form of a draft covering the following subjects: 1) Structure, 2) Ethics, 3) Politics, 4) Public Relations.

The chairman and the members of the Long Range Planning Committee see the need for a rapid implementation of the suggestions as they appear in their study, following the approval of the Executive Committee and under the guide of the District's President.

Franco M. Navazio, M.D., Chairman

The Blue Shield District Professional Service Committee Report

The Blue Shield District Professional Service is charged with the responsibility of answering and mediating any complaints generated within the district. It is thus, in essence, an ad hoc committee. The committee has not been called upon to act in any situation during the past year and therefore has not had any meetings.

Thomas G. Magill, M.D., Chairman

The Scholarship Committee Report

The Scholarship Committee distributed funds to worthy applicants during the past year.

The money earned from the interest on the polio drive of a few years ago was directed to the award of four scholarships for a total of $1,250.00. The $5.00 contribution from the Society membership incorporated in the dues, totaled $2,000.00 and was directed to six medical students and one nursing scholarship.

A new fund, known as the Dr. Max Millman Memorial Scholarship Fund has been started. This fund has accumulated over $7,000.00 at this time. Dr. Bloom has appointed trustees to decide how to distribute these funds. The physicians appointed are Drs. William Coen, John C. Ayres, John F. Griffin, Sheldon Goldberg and Bernard Bloom.

William R. Coen, M.D. Chairr

The Medical Religious Committee Report

At its meeting in February, the Medico-Religious Committee discussed the question of the ethics of disclosure of medical and social factors by a physician and a clergyman in conference in regard to a specific patient, and the value and propriety of the clergyman contributing to the hospital record. The meaning of the Living Will was also discussed briefly.

It was felt that there was sufficient interest in these two topics to suggest the scheduling of a seminar for the physicians and clergymen in the District. It would cover one or both topics, depending upon the degree of interest and participation by those present at the seminar.

It is hoped that the seminar will be held in April, although at the time of the writing of this report the arrangements are incomplete.

Lewis W. Whiting, M.D., Chairman

The Members' Insurance Committee Report

The group health accident insurance programs of the Hampden District Medical Society administered by the Lester L. Burdick, Inc., continues to function well. Since our last report, the professional accident and health program has been expanded by adding a guaranteed renewable feature to the following coverages: professional disability income and professional overhead programs and by broadening the underwriting to provide up to $500.00 weekly income for those who qualify.

At the present time there are 431 policies in force. In the past year there were 43 claims received and benefit payments made in the amount of $65,184.05. At the present time there are 11 members who are disabled. The claim reports of 6 disabled members who have collectively received $134,575.00 indicate that their disability will continue for an indeterminable period, and they will continue to receive benefits for the remainder of their covered disability.

The causes of disability for the claims paid during the calendar year 1974 is as follows: cardiovascular 9, gastrointestinal 5, genito-urinary 5, respiratory 2, hernia 2, spinal conditions 6, eyes, ears, nose and throat 1, miscellaneous 6, for a total of 36. Among the accidents, there were the following fractures and dislocations 3, contusions and abrasions 1, ruptured tendon 2, miscellaneous 1, for a total of 7 and a grand total of 43. Meanwhile, the Group Business Overhead Insurance policy, also administered by the Lester L. Burdick, Inc., continues to function well. We are one of the very few districts in the Massachusetts Medical Society which has a Major Medical Expense insurance program and we are very proud of this coverage.

We are very much concerned regarding the crisis in Professional Liability insurance. This program does not come under the jurisdiction of the Hampden District Medical Society but is being handled by the Massachusetts Medical Society on a state level. Inquiries in this regard should be made to the offices of the State Society.

H. Bernard Tillman, M.D. Chairman

The Malpractice and Medico-Legal Affairs Committee Report

The Malpractice and Medico-Legal Affairs Committee has concerned itself primarily with the setting-up of the local arbitration system for malpractice cases. The Committee has continued to meet with the representatives of the local bar association. At present the representatives of the two organizations have agreed on a plan for arbitration. The plan is now before the bar association. If the bar approves it, it will then be brought before our full Society for approval.

The Committee has under active consideration several matters which basically concern complaints against individual members of the bar. These matters are being investigated and will be carried through to a resolution.

Cyril E. Shea, Jr., M.D., Chairman

Ernest A. Byron, Jr.

SPRINGFIELD

The Medical Charges and Peer Review Committee Report

With the assistance and advice of President Bloom, the other officers and the Executive Committee of the Society, the Medical Charges and Peer Review Committee, the newest standing committee of the Society, has become one of its most active committees. During the year the committee met each month except June and August, adopted and published an approved statement of policies and procedures (Hippocrat, January, 1975), reviewed and closed a record number of cases, received and repulsed a legal challenge with the aid of the Society's attorneys, and generally focused the attention of the health insurance industry on improving benefits to both patients and physicians of the District, to the good of all.

In particular, the chairman wishes to thank the many hard-working members of the committee, the members of the Health Insurance Council for attendance and continued confidence in the purpose of the committee, Mrs. Purdy and her diligent assistants for secretarial aid, and the great majority of the members of the society for their encouragement and support in the face of opposition of the few.

Bruce P. Stoler, M.D., Chairman

Insurance Labor Relations and Industrial Accidents Committee Report

The Committee on Insurance Labor Relations and Industrial Accidents was not active during the past year. No problems were presented to the committee, so we did not meet; and thus, have no report.

W. M. Cloud, M.D., Chairman

The Public Relation Committee Report

During the year it has been increasingly difficult for the committee to solve problems in relation to physicians and groups of physicians who are trying to establish some communication with the public via the press and television media. These have caused great consternation on the part of the District Society, which is doing its best to keep the image of the physician, viable and in high esteem.

The committee would like to make a plea to fellow members of the Society to adhere strictly to the guidelines as approved by the Massachusetts Medical Society. Your committee will be glad to make available additional copies to all those who wish.

It is of note that the public relations department of some hospitals, medical clinics and physicians groups in the Pioneer Valley have been good in communicating with the Society in so far as publicity is concerned. It is our confirmed hope that these communications will stay open in the future.

Augustus G. Asinas, M.D., Chairman

The Disaster Medical Care Committee Report

The disaster chairman is a member of and has regularly attended the Emergency Medical Services Committee of the Western Massachusetts Health Planning Council.

Frederick C. Schwendenmann, M.D.
Chairman

MODERN WOMEN

After breast surgery
Be the confident women
Wear Airway Companion
Artificial Silicon Breast
Worn in ordinary bra
596 Sumner Ave., Springfield 734-6311

The Mediation Committee Report

Your Mediation Committee has been meeting at monthly intervals during the past year except for February, 1975.

Complaints directed to the attention of this committee consist of patient complaints toward members of your Society. It is our general impression that these have increased gradually since this committee was formed.

We are pleased that our members have responded promptly in answering complaints against them and we hope we have resolved these successfully. At this writing, several complaints are in the process of letter writing.

Primarily, the complaints we have received have been a misunderstanding between patient and physician and on occasion, the unbending attitude of the physician's office staff.

It would seem that members of the Society should make themselves readily available to their patients for person to person discussion of their problems, rather than allowing it to progress to the Mediation Committee.

Elmer F. Franseen, M.D., Chairman

The By-Law Committee Report

At the 1974 Annual Meeting of the HDMS, an amendment to the by-laws establishing the Medical Charges and Peer Review Committee was voted by the members. The legality of some of the provisions of this amendment was questioned from the floor at the February 4th, 1975, meeting and the matter is to be referred to the parent society for legal opinion.

The Hampden District By-Laws and Rules of Procedure were revised and updated to comply with the Massachusetts Medical Society By-Laws and were adopted by the District Society on February 4, 1975.

Harry N. Memery, M.D., Chairman

The Legislative Committee Report

This year, as has happened in the past, legislative activities got a late start and seemed to go from crisis to crisis. The election in the Fall and the winter weather combined to contribute to the late start in trying to review and report out the legislation of the current session. We were successful in resisting the poor Human Services Reorganization Bill #H6120 which was strongly supported by former Gov. Sargent.

Presently the medical liability crisis is upon us, the most serious medical crisis in years, one which can destroy medical care in both Massachusetts and in the United States.

There are many bills on medical liability currently being considered by both the State Legislature and the U.S. Congress. We urge all physicians to contact their Congressmen, Senators and Representatives and express their support for these bills.*

While we fight for survival in the medical liability field we must also be alert to other legislation that may do unintentional harm to the medical profession. An example is Gov. Dukakis' Bill #51755, which would weaken the qualifications of the Commissioner of Health by removing the requirement of his being a Physician with Public Health experience and replacing it with vague non-medical qualifications.

The future will bring many problems. The help and support of every physician will be needed to find and legislate solutions to these vital issues.

Maurice J. Boivin, M.D., Chairman

HAPPY BIRTHDAY
HAMPDEN DISTRICT!
135th

The Report of The Hampden Hippocrat

The Bulletin of the Hampden District Medical Society—The Hampden Hippocrat—has had another satisfactory year. The publishing year parallels the calendar, while its fiscal year is concurrent with its parent organization. Through the able assistance of Alicia Willard, Dr. Greenspan was able to make a deposit in the Hippocrat's savings account. The past year was a secure year, but the recession has begun to effect our steady advertisers. Revenues therefrom will decline, unless each interested physician constantly refers new possible advertisers to Mrs. Willard. Issue costs are about $980 for a 32 page—750 run edition.

The editorial board has changed thru the resignation of Dr. Helen Harmand and the indication from Dr. James Allan that he does not wish to continue. The remaining physicians will be recommended to the HDMS Executive Committee for approval for staff reappointment for the next year; Drs. Bloom, Cox, Sheffield, Simpson, Stoddard, Zacarian, Zadworny, Greenspan and Mrs. Willard. The By-laws change has created 12 positions of associate editors. The names of the physicians contacted and indicating a willingness to serve will be presented to the Executive Committee of HDMS for its May meeting. The Editor-in-Chief would be pleased to be reappointed.

The Hippocrat acknowledged its loss of Dr. Max Millman, a past editor-in-chief and frequent contributor. There were no undue repercussions or unsatisfied readers, although the Letter to the Editor pages were few and far between. The Bulletin remains open to constructive criticism. Unless, the Executive Committee decides differently, the format, themes and general nature of the HDMS Bulletin will remain, as in the past, dedicated to informing its readers of the happenings of the District Society and with its relationships to other outside institutions and people.

Walton E. Stevens, M.D.
Editor-in-Chief

The following committees rendered no reports.

Mental Health Committee—no report—Robert D. Harrington, M.D. Chairman

Public Health Committee—no report—James G. Fitzpatrick, M. D. Chairman

Woman's Auxiliary—no report—John F. Griffin, M.D. Chairman

Traditional
New England Hospitality

YANKEE PEDLAR INN
Miss Bess Stathis, Innkeeper
Rt. 5 at 202 Holyoke, Mass.
Phone: 532-9494

When the supportive care your hospitalized patient is receiving could be equally performed in her own home, consider prescribing HOMEMAKERS home and health care services for the duration of her convalescence or crisis.

Upjohn
HOMEMAKERS®
Home and Health Care Services

HELPING YOU TO HELP YOUR PATIENT.

HOMEMAKERS®
93 Van Deene Avenue
West Springfield, Mass. 01089
Tel. (413) 739-9654
739-9655

THE PAGE OF THE HDMS'S WOMAN'S AUXILIARY

This was a realtively quiet month for the Auxiliarians. Mrs. Jessie (Ruth) Hafer resigned as Legislative Chairman, to assume the position of President of the League of Women Voters. Our loss will be their gain. Mrs. Robert (Cynthia) Bye was chosen to fill the chairpersonship until the end of the administration of Mrs. Elsworth (Pat) Twible.

Our annual meeting will be April 29, 1975 at 10:00 A.M. in the Valley Bank Tower Building. The luncheon will be catered through the courtesy of the Valley Bank and Trust Company. If you use Valley Bank, Thank your banker, please!

Our own Dr. John Ayres was part of the program on Joint Legislative Leadership Conference held in Newton on April 18. This was sponsored by The Woman's Auxiliary to the Massachusetts Medical Society and the Council on Voluntary Services, Massachusetts Hospital Association. More about this meeting next month.

Mrs. Walton (Betsy) Stevens

In Memoriam

The Woman's Auxiliary to the Massachusetts Medical Society has lost another past president—Mrs. Clinton Bagenstase of Melrose. She died in March after a two year illness. The Health Careers Mobile was started during her term of presidency. The unit visited high schools throughout the Commonwealth and presented data on Health Careers to all who were interested. Claire served two terms as state president and her devotion and guidance to the Auxiliary will be missed. Our sympathies go out to her daughter, Mrs. Claire Knox and the family.

Mrs. William (Alice) Cummings

Now Available!
The 1975 EUROPE BOOK
BY AMERICAN EXPRESS
Phone us at (413) 739-7391 for your FREE copy.
We're American Express Representatives in Western Massachusetts
CARROLL travel, inc.
1383 Main St., Springfield (Johnson's Bookstore Building)

Italia Carnival

For Members, Families & Friends of **THE HAMPDEN DISTRICT MEDICAL SOCIETY**

$759

COMPLETE per person double occupancy including tax and services

TWO WEEK

2 nights STRESA, Lake Maggiore at the Grand Hotel or Hotel Regina

2 nights VENICE, at the Danieli Royal Excelsior or the Grand Hotel Europa & Britannia

3 nights FLORENCE, at the Excelsior Italia or Grand Hotel

7 nights ROME, at the Hotel Excelsior

What better time to be in Italy than 1975? It's Holy Year and the celebrations, festivals and elaborate processionals are beyond numbering. All over Italy the air is thick with the holiday spirit and ITALIA CARNIVAL is the perfect vacation in which to discover the glories that abound in this ... the loveliest of countries.

LOOK WHAT'S INCLUDED!

- Round trip jet flights via Trans International Airways (a certificated supplemental air carrier)
- Accommodations in deluxe Ciga Hotels
- Luggage handling (tips included)
- Transfers between hotels, airports and cities
- Continental breakfast daily
- Dinners nightly (Dine-around in Rome)
- ½ day sightseeing tour of Rome, Florence and Venice
- Cocktail party
- Briefings on the highlights of each city
- Host escort
- Hotel and airport taxes
- Pre-registration (no waiting in lines)
- Optional tours at low Carnival prices
- NO REGIMENTATION (Your time is your own)

DEPARTING ON MAY 30, 1975 FROM BOSTON

HAMPDEN DISTRICT MEDICAL SOCIETY—ITALIA CARNIVAL/Mrs. Vivian M. Purdy
1414 State Street/Springfield, Mass. 01109/(413)736-0661

Enclosed please find $____ as deposit. ($100 minimum per person) ☐ as payment in full ☐ for ____ number of person(s). Make check or money order payable to: **ITALIA CARNIVAL. $759** per person double occupancy. Final payment due 35 days prior to departure. PLEASE PRINT, and if more than one couple, attach separate list with complete information as below.

FULL NAME(S) _____

STREET _____ PHONE( ) _____

CITY _____ STATE _____ ZIP _____

DEPARTURE DATE May 30, 1975 DEPARTURE POINT BOSTON

☐ Single occupancy. (if individual, and not a single, name of person sharing room) _____

☐ Check here if you prefer smoking section on plane.

Return this reservation immediately to assure space. Rates are based on double occupancy. Single rates $100 additional. Child under 12 sharing room with 2 full paying adults $100 less. Tour prices are based on rates and tariffs in effect as of the date printed herein. AITS reserves the right to adjust tour prices in the event of rate and tariff changes over which it has no control.

The World of Music

Music is one of the most exacting and charming of the arts. Its birth undoubtedly was in the very beginning of man's prehistoric origin. First there was the human voice and soon thereafter came the length of the reed cut into shape by some shepherd.

As with all art, music throughout our civilization has expressed our periods of culture, our triumphs, our wars, our dark ages, sorrows, love, anguish, birth and demise. I find music a communicating bridge between my inner world and the world of reality—an interval of time, as an oasis wherein I find solace and contemplation, so vital to every man.

It is incomprehensible to realize that seven simple notes in a single octave, when re-arranged into thousands of variations, have created the infinite scores and countless themes we have all heard in our lifetime, and many others yet unwritten. The preservation of his voice and to hear its echo led man to the development of many instruments in the ascent of civilization. Yet there remains for me a single favorite among the great number of musical instruments, namely, the violin. Its sound is more akin to the human voice than that of any other instrument. Its appeal is almost universal and its tonal qualities most majestic. No other instrument can move one's emotions with such sensitivity.

The origin of the violin is lost in obscurity. There have been many stringed instruments developed and recorded in the annals of history, but the introduction of the bow is relatively recent. It is the bow alone which sets the strings into vibration enabling the virtuoso to develop the gradation of sounds and nuances, the range of pitch and the expressions of infinite tonal variations and beauty.

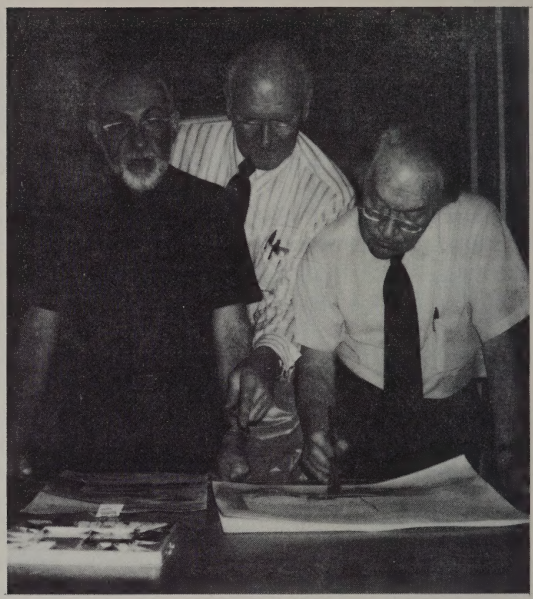
The violin is a hollowed wooden instrument with four strings. All of its parts are painstakingly glued together. The back of most violins is made of maple while the belly is constructed of pine. The sound post is a cylindrical rod made of pine wood and is attached perpendicularly between the belly of the violin and the back, just behind the bridge. This small but vital piece of wood is the very "soul" of the violin; for when the bow is passed across the strings and sets them into vibration, the sound waves pass through the hollow chamber of the instrument by means of the sound post which creates a resonance of sound and tonal quality. This simple yet complex framed pieces of wood glued together with some sixty-four pieces with an overwhelming weight of over seventy-five pounds pressing across the bridge has never been improved upon in over four centuries!

Gasparo da Salo born in a small village in Brescia has been accredited by historians to have first created the modern violin between 1560 and 1609. His earliest violins are found in the Museum at Bergen, Norway. Soon thereafter followed the great violin makers of Cremona, such as Amati, Stradivarius, Rugeri, Guadagnini, Guarnarius and Gagliano. In the past six years, I have been taking violin lessons with Mr. Maurice Freedman. We spend two hours each Saturday morning. From him I have learned to improve my technique and musical expressions. I find the violin both a challenge and an emotional outlet from my every day practice. As I progress and overcome a difficult measure, I find satisfaction. Even more important, through my playing, I find solace and relaxation that are the needed interval of space to unwind and set back the pendulum of time.

To listen to great music is one thing, but to be able to play it and to give it self-expression and perhaps to create one's own music is even more rewarding. There is also that great pleasure to play for your friends and the community in which you live, wherein you can impart and share your art with others.

S. A. Zacarian M.D.

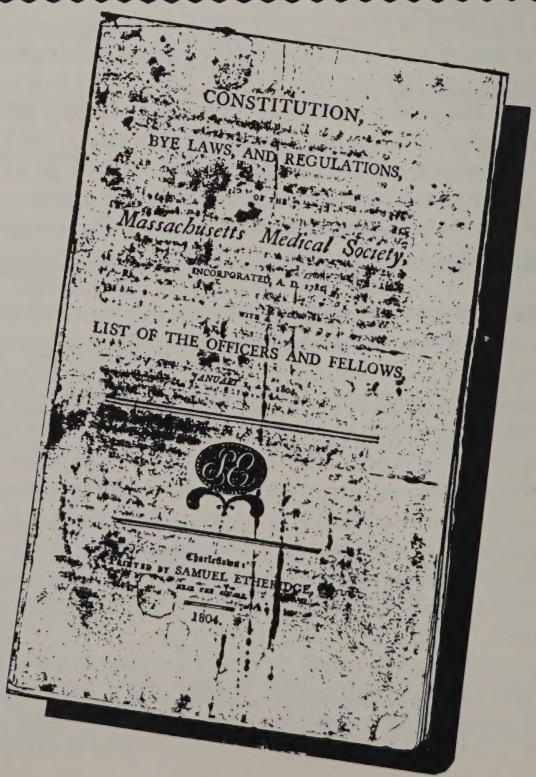
THE WATERCOLORISTS of THE HAMPDEN DISTRICT MEDICAL SOCIETY



Dr. Ellis Joffe, Dr. Samuel Potsubay, and Dr. Kenneth McEwen at Watercolor Class

The Frontispiece of the New & Revised Byelaws of the Massachusetts Medical Society

(See Dr. Simpson's Article)



My Hobby: Watercolor Painting

When asked how I happened to choose watercolor painting as a hobby, I am inclined to use the same response I give to the question of how I happened to become a radiologist: "just lucky, I guess."

In June of 1954, I viewed an exhibit of physicians' art in the Rotunda of the City of Paris department store in San Francisco in conjunction with the A.M.A. Convention. It was an impressive show, and I was pleasantly surprised to see a prize for a watercolor painting awarded to a former medical school classmate. Four years later two of my own paintings were hanging in the same exhibit. None was an award-winner, to be sure, but I was already hooked on a creative experience which would continue to be extremely satisfying and rewarding.

Why watercolor painting? Painting is drawing with color, and watercolor painting to me is the most intriguing of all the media. It can be a facile medium, lending itself to quick sketches or to studied, careful rendering. The variety and ingenuity with which it may be applied are limitless. In some hands it becomes thin and pretty; in others it is strong and vibrant. Certain physical characteristics are natural to watercolor—its transparency, its spontaneity, its intimateness. It is an inspiring medium, but it can be very discouraging. The dominant requisite for mastery is to love it, which means unlimited patience, lots of experimenting, and a sense of humor. There is also an occasional bonus, the "happy accident," a certain unpremeditated pleasing effect which cannot be duplicated by anyone else (or oneself, for that matter) and which often keeps the novice from chucking the whole thing. With experience and improved technique, these fortuitous happenings become more controlled, but they are uniquely watercolor phenomena and very exciting.

There are many opportunities to study watercolor painting in this area. Classes are available at museums, colleges, high schools, and private studios. As for me, I shall ever be grateful to Dr. Malcolm Allan, an accomplished and experienced watercolor painter, for directing me to the evening classes conducted by Wadsworth Hine at the George Walter Vincent Smith Art Museum. A preliminary background in art studies is desirable but by no means a necessity. If there is latent aptitude it will become manifest with proper instruction and it will grow with work and experience.

Try it, you'll like it!

Kenneth L. McEwen, M.D.

YOU OWE IT TO YOURSELF
TO READ WHAT THE ATTORNEY READS

MEDICAL MALPRACTICE
by
David W. Louisell, LL.B.
& Harold Williams, M.D., LL.B.

2 Volumes of court tested material. READY NOW!!
Call or write: Michael F. Sosik, Jr. (617) 347-3204
Country Hill Rd., Sturbridge, Ma.
Published by Matthew Bender Co., New York, N.Y.

Watercolor As A Hobby

As physicians, all of us see patients who are utterly miserable after retirement as they have no purposeful activities to occupy their empty hours. We would do well to urge our patients, while still active, to prepare for such an eventuality and, by setting a personal example, we'd be helping ourselves as well as them.

One such source of fulfillment derives from personal involvement in a craft, whether it be wood-working, ceramics, photography or one of the graphic arts. Too many of us are apt to shrug off such a suggestion by saying: "I'm no good with my hands," or "I don't have any artistic ability." As it turns out, continued application to such an activity counts for more than any natural gift and proficiency has a way of developing insidiously and with it a sense of gratification through personal, creative accomplishment.

Watercolor painting has proved to be a satisfying avocation for me and Dr. Ellis Joffe when we attend our weekly, evening class at the Smith Art Museum in Springfield under the direction of Mr. Wadsworth "Bud" Hine. In our book, "It's the best 2 1/2 hours of the whole week!" Though our evening's effort consisting of 2 or 3 rapidly-completed paintings may not rate with those of the accomplished Dr. Ken McEwen, every once in a while something happens that results in a passable painting.

That's the way watercolor works. The key to success is perseverance and the profiting from mistakes made. One can't over-paint a 'goof,' as in oil painting, so the aim is to avoid making the same mistake twice. It has been said that one has to paint a hundred watercolors before he can come up with a good one. Dr. Joffe and I should be arriving any day now!

The charm of a good watercolor painting lies in its crispness and spontaneity. Happy accidents often occur that help make the painting "come off." One has to restrain continuously his impulse to put in all the little details, the knack of watercolor being to simplify, so suggest and to "leave plenty of white paper." Another boon of watercolor is its "wetness" as many charming effects are accomplished by letting colors "bleed" into one another.

Watercolor painting entails the complex task of transforming a three-dimensional subject such as a landscape with its sky, mountains, trees, water, wooden buildings and grass—all bathed in light—on to a flat sheet of paper of two dimensions. All this has to be accomplished with a palette of a dozen pigments and some water.

One might ask how one can hope to reproduce faithfully such a scene of nature. The simple answer is to take a color photograph. But in watercolor, the objective is to "improve" on nature using the scene as a mere springboard or suggestive subject. The process of producing the finished painting involves the scene reaching the artist's brain via the sensory organ of the eye and its afferent tract, having the artist's brain thoroughly evaluate the scene, organize the essential ingredients and transmit a pleasing, harmonious distillate on to the paper using the efferent motor system of the hand with its attached paint brush as an extension of the brain.

For the person interested in taking up watercolor, excellent books on technique written by professional artists and art instruction classes are available. An added fillip to our watercolor activity has been the enjoyable dinner of the Massachusetts Physician Art Association held in conjunction with the Annual Meeting of the Massachusetts Medical Society in May. Here one hob-nobs with other medical afficionados of art such as master-aquarellist Dr. Leroy Vandam of the Brigham and Dr. Harry Sengar of Cambridge. After a dinner-meeting uniquely conducted by Dr. Conrad Nobili, our perennial president, our paintings exhibited on the stage of the Hotel Statler are judged by a professional artist for occasional reproduction in the New England Journal of Medicine. It goes without saying that one's ego is piqued by such exposure and it is hoped that your curiosity may have been piqued similarly to consider watercolor as a hobby.

Samuel F. Potsubay, M.D.

LETTERS TO THE EDITOR:

To the Editor:

The Pro-Life Resource Center is a local, non-profit organization. We offer help to pregnant women who are searching for an alternative to abortion.

Some of the ways we are able to help include: qualified psychological counseling, pregnancy testing, applying for federal funds, and securing material needs such as maternity clothes, baby clothes and baby furniture. On occasion, we have placed a girl in a private home where she can await the birth of the baby in an atmosphere of love and acceptance.

Our volunteers are trained to accept crisis calls and lend a sympathetic ear to any girl who needs to talk it out. They will make an appointment for her to see qualified personnel if she so desires.

All communications are kept confidential. We do not seek to judge, but only to be of assistance.

Respectfully,
Patricia Day
Clerk-Secretary

To the Editor:

A record number of physicians, nurses, and allied health workers are receiving clinical training in Veterans Administration hospitals and clinics, it was reported today by Administrator of Veterans Affairs Richard L. Roudebush. There are 71,446 men and women in various health-care specialties receiving part of their training in VA facilities, Roudebush said. New emphasis is being given to VA-university programs under which physicians are trained as family practitioners in cooperation with community groups, Roudebush said. Included among the VA trainees are more than 14,000 resident physicians and interns, 469 dental interns and residents and 1,870 dental auxiliary personnel, 12,000 medical students, 25,000 professional nurse students, 1,200 clinical and counseling psychology students enrolled at the doctoral or post-doctoral level, 861 graduate social work students, 329 dietetic interns and 55 pharmacy residents.

U.S. Vets Adm News release —

NOTICE **NOTICE** **NOTICE**

MEDICAL – RELIGIOUS SEMINAR
For Clergy and Physicians

Date: April 28, 1975, Monday

Time: 8:00 P.M.

Place: MacLeod Room, Baystate West

Topic: Doctor, Patient Relationship
Ethics & Values of Information Sharing and
Problems of Confidentiality

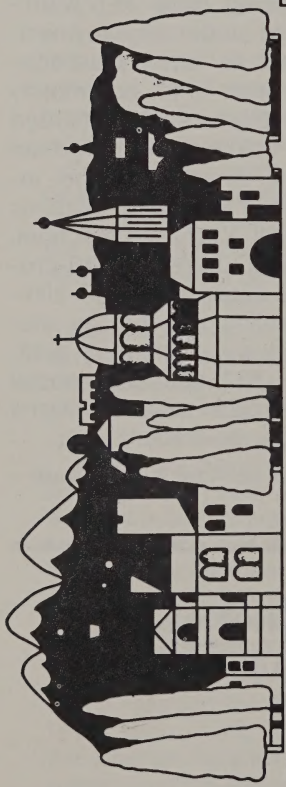
All Clergy and Physicians are invited.

Panel: Lewis W. Whiting, M.D., Moderator
Bernard Bloom, M.D., President HDMS
Stanley N. Teale, M.D.
Reverend Gary A. DeLong
Rabbi Alex Weisfogel

Hampden District Medical Society

BALKAN ADVENTURE

Bucharest - Istanbul - Dubrovnik



DEPART
BRADLEY INTERNATIONAL
AUGUST 20, 1975
JOIN US FOR A VACATION SPECTACULAR

Bucharest with its monumental French facades, casual sidewalk cafes and surrounding unspoiled forests . . . Istanbul with its slender minarets of 17th century mosques and medieval bazaars . . . Dubrovnik, a Dalmation summer resort set against the blue Adriatic

$1068

A CAREFREE, DO-AS-YOU-PLEASE TWO WEEK HOLIDAY WITH EXCLUSIVE FEATURES INCLUDING:

- **Direct flights via World Airways chartered jet**
- **Deluxe hotels**
- **American breakfasts; gourmet dinners at a selection of the finest restaurants**
- **Generous 70 pounds luggage**
- **Optional sightseeing tours**
- **Expedited Customs formalities**
- **Tips and Transfers**

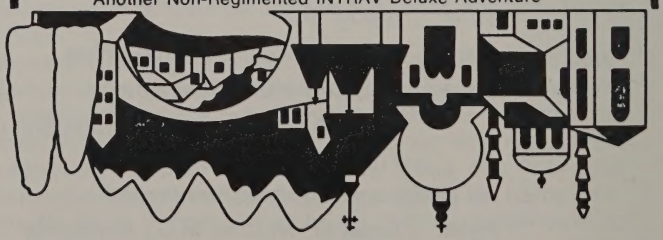
SEND TO: HAMPDEN DISTRICT MEDICAL SOCIETY/Mrs. Vivian M. Purdy
1414 State Street/Springfield, Mass. 01109

Enclosed is my check for $_____($100 per person) as deposit.

Names _____ Address _____

City _____ State _____ Zip _____

Another Non-Regimented INTRAV Deluxe Adventure



FEATURED ARTICLE: (Part One)

Care, care and CARE or Orthopedics in a Developing Country

If you want to evade a New England winter, why settle for a trip to Florida when you can go five degrees south of the equator to live in a sprawling city of five million people without adequate power, communication or drinking water, with the temperature in the 80's and the humidity in the 90's, and where "perhaps" means no, and "yes" means if convenient. Thanks to the generosity of my partners and my associates at the Wesson Memorial Hospital, I became a CARE volunteer physician from mid September 1974 to mid January 1975, selecting Indonesia as my country of service. Leaving two daughters in college and one at work, I set out for the other side of the world, dragging my wife and two remaining children. Somehow I hoped that this would revitalize my interest in caring for my patients and demonstrate my care for the underprivileged of this world.

Indonesia is the fifth most populous country in the world, with 140 million people spread over 2500 islands extending 3000 miles from the tip of Sumatra to the western half of New Guinea. Although much of Kalimantan (Borneo), Sulawesi (the Moluccas), and Sumatra are sparsely populated, my concern was with the principal island, Java, where 80 million people live on 51,000 square miles of fertile volcanic land, an area somewhat smaller than the State of Georgia. Until World War II, the Dutch ruled this area with an iron hand, keeping the native people in ignorance and poverty by a feudalistic system of local satrapies. The Japanese occupied the area during the war, leaving behind a reputation for cruelty and callousness. When the Japanese withdrew, the local populace was in no mood to resume their serfdom and fought a bloody war of independence, chiefly, with the British who were trying to fulfill wartime commitments to the Dutch. Since 1949, an attempt has been made to unify a country made up of 250 different races, each with its own language, customs and ideals. The Dutch, unlike the British, had done nothing to develop civil servants or a middle class, and the country was far less prepared for independence than India. Expatriate Chinese have made up much of this economic vacuum, for which they have earned a deep racial antipathy. The linguistic diversity was attacked by President Sukarno, by creating an entirely new language, a modification of Malay called "Bahassa Indonesia" which is the official government language and is widely used in Jakarta. The government is a military dictatorship, strongly anti-Communist and reasonably enlightened.

When the Dutch left, there was one medical school, a string of military hospitals and a number of dispensaries for the local sultans. Native medical care was supplied by "dukuns," a mixture of herbalist, witch-doctor and bonesetter. One exception was an outstanding rehabilitation facility built by the

(CONT. NEXT PAGE)

BRACCI TRAVEL WORLD
1537 MAIN STREET, SPRINGFIELD, MASS. 01103
VIVE LA DIFFERENCE!
Call us or stop in—you'll like the difference!
Welcome to Our World of Travel TEL. (413) 737-2684

army behind the lines of the city of Solo, Central Java. Gradually some 20 medical schools have been established, medical and surgical training programs have been developed, and physicians have gone abroad for specialty training. By 1968, there were eight orthopedic surgeons in the entire country, six of whom were in military service.

The medical problems in Indonesia are those of underdeveloped countries everywhere. Smallpox, diphtheria and cholera are major killers. Five per cent of the population is thought to have active tuberculosis, but less than 1/10 are under treatment. Typhoid and dysentery thrive on the inadequate water supply, and respiratory epidemics on the crowded living conditions. Trachoma and other ocular infections cause an incidence of blindness estimated at 2%. Poliomyelitis is frequent since immunization is available but sporadic. Lepers are a common sight, as begging is their only available occupation. All the beggars I saw were blind or orthopedically crippled. Malnutrition complicates all other illness, but starvation is rare.

All physicians are on full-time salary. Some work for mission hospitals or the national oil company, but most work for the government. Since salaries run from $15. to $75. per month, government physicians must moonlight, holding private office hours late afternoon and evening. Perhaps 1% of the population can afford private care. About 20% cannot even afford the lowest hospital rates—50 cents a day for a dirty barracks-like ward, usually segregated by sex. On the "VIP" wards, $18. a day gets an air-conditioned private room, with adequate nursing care. Drugs are extra, and a major expense is buying the plaster for your cast.

Attempting to help people in a situation like this is not easy. The government places priority on public health measures and on distribution of basic care. The major current effort is to build 500 district hospitals and staff each one with an internist, a surgeon, a pediatrician and a gynecologist. Specialist care is a luxury not yet worthy of budgetry status. Furthermore, patients are not always ready to accept Western ideas of medical care. Indonesians do not historically share our mechanistic, science-oriented philosophy. Partly because of a closer identification with nature, or perhaps as a defense against the incredible crowding, an Indonesian will not approach a problem directly for fear of causing disharmony. Emotions are to be concealed at all costs, and verbal agreement is a matter of politeness, not acquiescence. This attitude is similar to the Japanese, but predates wartime occupation. Family ties are strong, and a distrust of strangers is commonly imparted to children, possibly as a heritage from the days of the Dutch. In fact, it is important to remember that cultural values and techniques that seem counter-productive to us, may be very appropriate for the historic setting in which they were developed.

A European (all whites are called this) blundering into this situation can easily do more harm than good. His good intentions can quickly turn to frustration, bringing antipathy instead of acceptance. The patience to accept what cannot (or should not) be changed, may be more valuable than the courage to change what can be changed. Among the ineffective efforts I saw were shipments of 50 cm. Kuntscher nails where few adults exceed 5 feet, 3 inches; X-ray machines which would not operate on available voltages; O.R. lights whose bulbs are irreplaceable; dry developers without chemicals, and a host of devices for which no maintenance is available. Personnel with good intentions and access to international funds find their pet ideas inappropriate for the local problems and are unable to think of anything else to do. How one organization overcame those difficulties to give me an opportunity for effective service is the subject of part 2 of this article.

Garry deN. Hough, III, M.D.

ARTICLE:

Ah, Come on Fella's!

The membership roles of the Hampden District Medical Society now number approximately 550 physicians. Approximately 480 of these physicians are dues paying members and are presumably members active in the society. With such a conglomeration of talent, we should be able to move mountains—and what mountains have we moved?

In the past year how many members are aware of the great malpractice crisis that is now on our front door step? How many are aware of the implications in their own personal practice that this crisis presents? And how many of these members have taken the time or the trouble to contact their legislators in the state to vent their feelings? How many members know what the bills are about? How many members know about the model pregnancy bill? How many know about the Medicaid payment bill? How many members know about the move to eliminate a physician as Commissioner of Public Health for the State of Massachusetts? This list could go and on. If you do know about it, what have you done about it? We have talked to the legislators and we find that very few physicians have made an effort to explain their stand on these bills. Without person to person contact, we are not going to move many mountains. Since we as physicians only represent approximately 10% of the population of Massachusetts, we must make our voice heard loud and clear. Unless we explain to the legislators the implications of these bills, we cannot blame them for voting as they do.

How about our own backyard? When does the society hear from its members? When do we see the volunteers? When do we hear from the members? Is it only when we feel that a fellow member has his name in the paper too often? Is it only when we feel that a fellow member is bordering on the aspect of advertising? Why can we not work together in a unified spirit? Why can we not pool our energies that we expend in damning and criticizing our fellow members and converting these energies into a constructive phase, energies that can be utilized to improve our public image. The local TV stations, the local press, the local radio stations are eager to cooperate. Their facilities are at our disposal but unless all of us pitch in and help, then the small handful of members who do help cannot be blamed and cannot be criticized for doing what we all should do to improve our image.

Let's come up with some positive thoughts. Let's be a leader and not a follower. Let's be an organizer and not a complainer. Right now we have our public image at its lowest ebb. Unless we as a group can pull together, unless we can show the public that we are concerned with their welfare and that we are once more a happy congenial organized group dedicated as public servants then that image is going to stay at that low ebb for a long, long time. Let's not have to say, "Ah, Come on Fella's" anymore!

John J. Zadworny, M.D.

Valley Press Club Annual Scholarship Dance
APRIL 26, 1975 – SATURDAY
Sheraton Inn Springfield West
COCKTAILS 6:30 – 7:30 – Courtyard
DINNER AT 7:30
Dancing Until Closing
HEADLINER AWARD PRESENTATIONS
Reservations by April 23rd. or Contact Channel 22
Valley Press Club – P.O. Box 2901 – Springfield, Mass.

LIST OF ADVERTISERS

Below is a list of our advertisers for 1975. In your contacts please tell these people how much we appreciate their support.

American International Travel
Arnold's Shoes
Bracci Travel World
Lester L. Burdick, Inc.
Bender, Mathew Co.
Byron's Funeral Home
Carroll Travel Bureau
Chez Josef
Corliss Adjustment Bureau, Inc.
Courier Unlimited
Curran-Jones, Inc. Funeral Home
Dale Bros. Laundry
Dickinson-Streeter Co,, Funeral Home
East Longmeadow Nursing Home, Inc.
Forest Park Ambulance
Gold Cross Medical Service
Hafey Funeral Home
Highpoint Motor Inn
Hoffman-LaRoche, Inc.
Hollywood Uniform Center
Home and Sitter
Homemakers
Intrav
King's Drug Store
Landen-True, Jewelers
Lilly, Eli and Co.
Log Cabin Restaurant
Maico Hearing Aid Service
McCarthy-Madamas Funeral Home
Medical Personnel Pool
Message Center
Modern Women
O'Donnell, Edward F. Funeral Home, Inc.
Old Storrowtown Tavern
Omartian Toros & Son, Inc.
Para-Medic Ambulance
Picot's Place
Prop-R Walk Shoes
Reliable Telephone Service
Sampson, T.P. Co.
Silver Shell
Stuart Pharmaceuticals
Student Prince Restaurant
Valley Bank
Weidner Travel Bureau, Inc.
W.F. Young, Inc.
Wheatsheaf
Yankee Pedler Inn

Dine in
Relaxed Elegance

Always a different and delicious menu to enjoy in pleasant comfort. Serving daily from 11:30 a.m. to midnight.

THE LOG CABIN
Easthampton Rd — Rt. 141
HOLYOKE
536-7700

℞ Prescription Footwear
Is Our Business!

Put Your Patients In Our Shoes
Men — Women — Children

— WE CARRY —

1. Straight Last Surgical Boots
2. Abductor Shoes
3. Adductor Shoes
4. Denis Browne Splints
5. Thomas Heels
6. Depth Inlay Shoes
7. Torqheels

PROP-R WALK SHOES
ENFIELD VILLAGE
Rt. 190 — Hazard Ave. — Enfield, Conn.
Open Daily 9:30 — 5:30 p.m.
Friday Night until 9:00 p.m.
BRIAN SILVIA, Prop. (203) 745-9998

Disruptive anxiety usually meets its match here.

• Often effective when reassurance and counseling are insufficient.
• Three dosage strengths to meet most therapeutic needs.

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Relief of anxiety and tension occurring alone or accompanying various disease states.

Contraindications: Patients with known hypersensitivity to the drug.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported. Use of any drug in pregnancy, lactation, or in women of childbearing age requires that its potential benefits be weighed against its possible hazards.

Precautions:

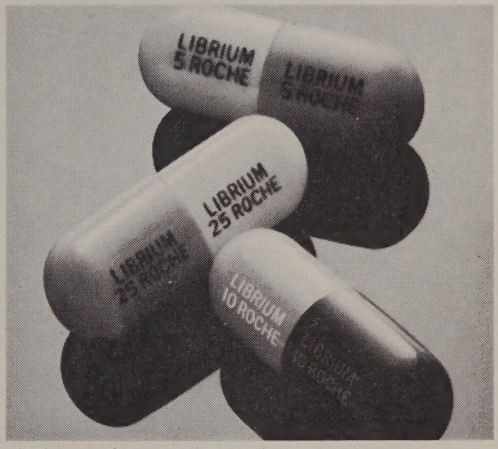
ORAL: In the elderly and debilitated and in children over six, limit to smallest effective dosage (initially 10 mg or less per day) to preclude ataxia or oversedation, increasing gradually as needed and tolerated. Not recommended in children under six.

INJECTABLE: Keep patients under observation, preferably in bed, up to three hours after initial injection; forbid ambulatory patients to operate vehicle following injection; do not administer to patients in shock or comatose states; use reduced dosage (usually 25 to 50 mg) for the elderly or debilitated and for children age twelve or older.

ORAL AND INJECTABLE: Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating compounds such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (*e.g.*, excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive aggressive children. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

Adverse Reactions: Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver function tests advisable during protracted therapy.

Please see following page.



With the injectable form, isolated instances of hypotension, tachycardia and blurred vision have been reported; also hypotension associated with spinal anesthesia, and pain following I.M. injection.

Usual Daily Dosage: Individualize for maximum beneficial effects. *Oral: Adults:* Mild and moderate anxiety and tension, 5 or 10 mg *t.i.d.* or *q.i.d.*; severe states, 20 or 25 mg *t.i.d.* or *q.i.d. Geriatric patients:* 5 mg *b.i.d.* to *q.i.d.* (See Precautions.)

For Parenteral Administration: Should be individualized according to diagnosis and response. While 300 mg may be given during a 6-hour period, do not exceed this dose in any 24-hour period. To control acute conditions rapidly, the usual initial adult dose is 50 to 100 mg I.M. or I.V. Subsequent treatment, if necessary, may be given orally. (See Precautions.)

Supplied:

Oral: Librium® (chlordiazepoxide HCl) *Capsules*—5 mg, 10 mg, 25 mg—bottles of 100 and 500; Tel-E-Dose® packages of 100; Prescription Paks of 50, available singly and in trays of 10.

Libritabs® (chlordiazepoxide) *Tablets*—5 mg, 10 mg and 25 mg—bottles of 100 and 500.

Injectable: Librium® (chlordiazepoxide HCl) *Ampuls*—Duplex package consisting of a 5-ml dry-filled ampul containing 100 mg chlordiazepoxide HCl in dry crystalline form, and a 2-ml ampul of Special Intramuscular Diluent (for I.M. administration). Before preparing solution for I.M. or I.V. administration, please consult package insert for instructions on preparation and administration of solutions. Boxes of 10.

ROCHE

Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

Librium®
(chlordiazepoxide HCl)
5 mg, 10 mg, 25 mg capsules

Disruptive anxiety usually meets its match here.

Please see preceding page for summary of product information.